

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
10			/			
11			/			
12			/			
13			/			
14			/			
15			/			
16			/			
17			/			
18			/			
19			/			
20			/			
21	/		/			
22			/			
23			/			
24			/			
25			/			
26			/			
27			/			
28			/			
29			/			
30			/			
31			/			
32			/			
33			/			
34			/			
35			/			
36			/			
37			/			
38			/			
39			/			
40			/			
41			/			
42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	*	*	*
51	/	/	
52		/	
53		/	
54		/	
55			70
56		/	
57		/	
58		/	
59		/	
60		/	
61		/	
62		/	
63	/	/	
64	/	/	
65	/	/	
66		/	
67		/	
68		/	
69		/	
70	/	/	
71		/	
72		/	
73		/	
74		/	
75		/	
76		/	
77	/	/	
78		/	
79		/	
80		/	
81		/	
82		/	
83		/	
84		/	
85		/	
86		/	
87	/	/	
88	/	/	
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
TOTAL IND.	9	10	
TOTAL DEP.	70	79	
TOTAL CLAIMS	88	89	